

CLAIMS ONLY							Application Number <b>10528483</b>	Filing Date		
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend				
1	1					51				
2		1				52				
3		1				53				
4		1				54				
5		1				55				
6		1				56				
7		1				57				
8		1				58				
9		1				59				
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12		1				62				
13	1					63				
14		1				64				
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16		1				66				
17		1				67				
18		1				68				
19	1					69				
20		1				70				
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41						91				
42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
Total Indep	3					Total Indep				
Total Depend	17	←	←	←		Total Depend	←	←	←	
Total Claims	20					Total Claims				